## Klamath County Library Teen Volunteer Application

Name:	Phone: ()	Email:	
		State/Zip:	
Parent/Guardian Signature: (if under 18	years of age)		
Have you previously worked as a volunt If yes, list the volunteer positions you			
What skills can you offer as a volunteer	?		
Please mark why you are volunteering:			
	JNITY SERVICE UWORK ded:)	K OFF FINES SCHOOL COMMUNITY S (hours needed:	
Are any of your household members or	close family relatives curr	rently employed by Klamath County? Y	res No
If yes, please list names and departmen	ts:		
Physical demands of volunteering in the reaching, lifting, pushing, climbing, knee		are not limited to: standing, sitting, bendir	າg, stooping,
Are there any accommodations you nig	ht need to help you perfor	rm the duties we are asking of you? Ye	es No
If yes, please explain:			
Please List three personal or work-related	ed references below.		
NAME	PHONE	RELATIONSHIP/TIME	KNOWN

## Volunteer Applicant's Certification & Agreement

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I agree that if the information given in my application is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status with Klamath County Library. I authorize past employers, references, and any other person to answer all questions asked concerning my employment, education, general reputation, character, and other qualities the Library deems pertinent to the assessment of my qualifications for volunteering and hereby release these individuals from any and all damages arising from furnishing any requested information. Please note that once submitted this application becomes the property of the Library. I understand that nothing contained in the volunteer application is intended to create a contract between the Klamath County Library and myself.

In consideration of my volunteering, I agree to comply with the policies, rules, regulations and procedures of the Klamath County Library, which I understand may change at any time and I understand that my status can be terminated with or without cause or notice, at any time, at the option of either the Library or myself.

Volunteer applicant's signature:

Date:

Parental Guardian's signature (if applicant is under the age of 18):

Date:\_\_\_